U.S. Department of Labor Office of Labor-Management Standards Washington, <u>DC 2</u>0210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

1. File Number U - 12/2/

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

W Bell

E

Name Gary

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Brotherhood of Locomotive Engineers & Trainmen

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any 94952

Labor Organization File Number 004-223

Street 2815 Plateau St		Street		
City North Little Rock		City No. Little Rock		
State Arkansas	ZIP Code + 4 72116-9064	State Arkansas	ZIP Code + 4 72190-4952	
5. Position in labor organization.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		7.b. Amount.	· · · · · · · · · · · · · · · · · · ·	
Street		7.5. Amount.		
City				
State	ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9. Business deals with:

a. Labor Organization

Trade Name, if any:

b. Trust

P.O. Box, Bldg., Room No., if any

Street

City State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Nama

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

c. Employer

11.a. Nature of such dealing.

Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

A representative of this firm bought approximately four meals at various times during 2004 and the

cost of each meal could have gone over \$25.00. I also received a ham that the cost may have been

12.b. Amount.

14.a. Nature of payment.

over \$25.00.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Bauer & Baebler, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1010 Market St. Ste. 350

City St. Louis

State Missouri

ZIP Code + 4 63101

13.b. is the Business an Employer

or Consultant



14.b. Amount of payment.

Name of Person Filing Gary Bell

File Number U-

Part C Continuation Page

Part C Continuation Page			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Kujawski & Nowak P. C.	In the year 2004 on approximately 2 occasions a representative from this firm bought a meal which may have exceed \$25.00.		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street 201 West Broadway, Suite E			
City No. Little Rock			
State Arkansas ZiP Code + 4 72114			
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Schlichter, Bogard & Denton	On possibly 2 occasions a representative from this firm bought a meal that may have exceeded \$25.00.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 100 S. 4th St. Suite 900			
City St. Louis			
State Missouri ZIP Code + 4 63102			
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Yeager, Jungbauer, Barczak, Vucinovich & Wen	On possibly 3 occasions a rep from this firm bought a meal that might have gone over \$25.00. I also received a box of steaks that may have		
Trade Name, if any:	exceeded \$25.00.		
P.O. Box, Bldg., Room No., if any			
Street 745 Kasota Ave			
City Minneapolis			
State Minnesota ZIP Code + 4 55414			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		